



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

DRIVER'S LICENSE HEARING CANCELLATION REQUEST FORM

I, _____, would like to cancel my Liability Insurance hearing scheduled for

My driver license/customer number is _____.

You may cancel your hearing at any time. However, please review the cancellation request form for terms and conditions for partial refunds.

If at the time of scheduling, you were ineligible for your hearing, your cancellation request must be postmarked at least three business days prior to the scheduled hearing to receive a partial refund. If the cancellation request is not postmarked three business days prior, no refund will be provided.

All other hearing cancellation requests must be postmarked at least ten business days prior to the scheduled hearing date to receive a partial refund. If the cancellation is not postmarked ten business days prior, no refund will be provided.

Mail your Cancellation Request Form to: Division of Motor Vehicles, Attn: Administrative Support Unit, 3118 Mail Service Center, Raleigh, North Carolina 27697-3118.

You may also fax your cancellation request form to 919-715-0132.

Please see Admin code 19A NCAC 03K .0101 for further information.

Print Name: _____

Signature: _____

Date: _____